



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Nugget Tracy

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
5 Years

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Presented to regular vet on 10/27 with abscess on top of head and fever of 105.9. Sedated and abscess lanced. Given Convenia and Dexamethasone, Rabies, and FVRCP. On 10/31, pet returned because abscess refilled. Had a temp of 105.3. Abscess lanced and drained and given Onsior. Returned to regular vet again on 11/2 with fever of 105.3 and dyspnea. Came to our hospital as emergency transfer and has been in oxygen cage since last night. Meds: Terbutaline, Zeniquin, Prednisolone, Dex SP, Lasix. No improvement. RR averaging 80.
Abnormal PE/Chem/CBC/UA Results: BW at regular vet on 11/2 Neutropenia (0.37) BILI = 1.4 GLOB = 5.8 Pet is depressed and tachypneic.

RADIOGRAPHIC STUDY OF THE THORAX

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is partially effaced by the pulmonary pattern but appears normal in size.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The lung parenchyma presents a patchy, confluent soft tissue opacification. The patchy soft tissue opacities are subjectively accentuated in the peribronchial regions.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

- Marked patchy to nodular unstructured interstitial lung pattern with regions of alveolar consolidation

HOSPITAL NAME INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME
Harmony Animal Hospital

The pulmonary changes in combination with the initially presenting clinical signs can present acute respiratory distress syndrome (ARDS), severe bacterial pneumonia due to hematogenous spread, mycotic pneumonia are considered as the top differentials. Theoretically pulmonary hemorrhage, pulmonary edema due to adverse reaction to α_2 -adrenoceptor agonist or Toxoplasmosis are considerations here as well. The findings are atypical for cardiogenic pulmonary edema.

REFERRING VET
Dr. Keefe

Palliative supportive care has already been started. If the patient is stable enough, a transtracheal wash can be considered as advanced diagnostic tool. Depending on development of clinical signs under therapy, follow up radiographs in 1-3 days appear beneficial.

INVOICE

54944

DATE

11-3-22



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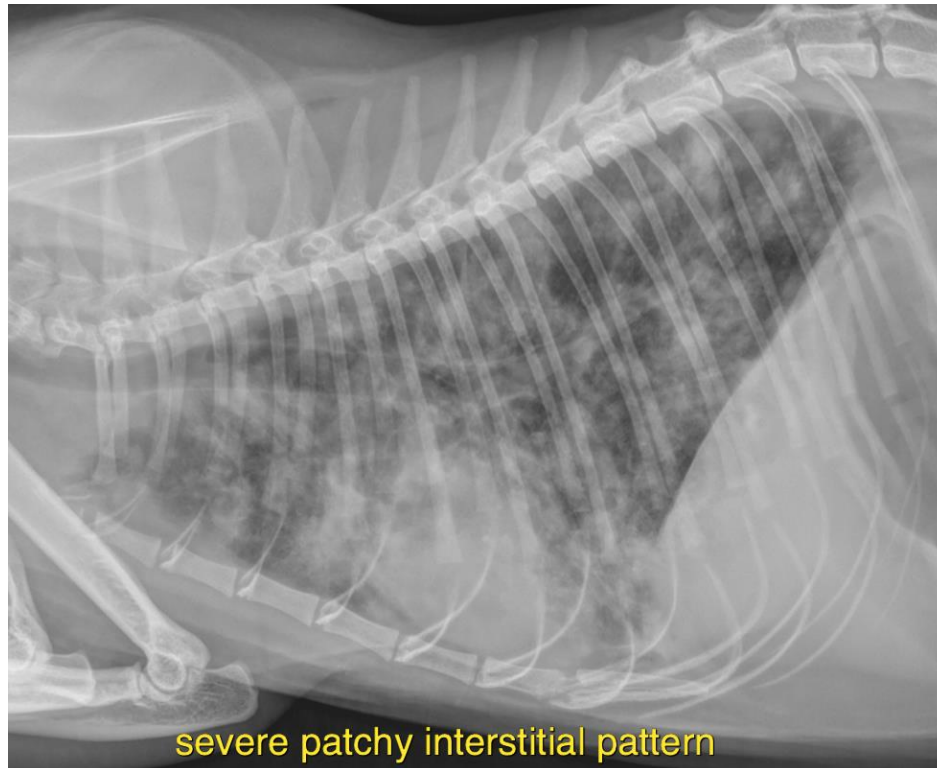
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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